

## Cervical Cancer Screening-Behavioral Risk Factor Surveillance System (BRFSS) Transcript

### Slide 1

MS. HALL: Okay. Well, CDC, in collaboration with states, administers the Behavioral Risk Factors Surveillance System. So this is data from all states combined.

### Slide 2

And what we did, is we selected, again, on counties, the historically high- mortality counties and compared them to the not-high- mortality counties. This data is for women 18 years and older who did not have a hysterectomy and who reported having a Pap test within the past three years. We grouped data from 1995 to 1999 together, partly because that matches our NPCR program, and partly, also, the questions in earlier years were asked a little differently, so we could not report on earlier years. What you see in this slide, is that, in general, cancer screening is high. That for white women, there is a bit of a difference between high-mortality and not-high-mortality counties, and there is a small difference for black women.

### Slide 3

This slide is for white women, and by different indicators. And, basically, if you look at this column here, the P values: for most of the indicators, the screening rate is lower in high-mortality than not-high-mortality counties, except for those who do not have insurance and for those living in the Northeast. If you look more closely at individual percentages, what we see is that for Hispanic women, we have very low rates; then for women over 65; and then women who have low education.

### Slide 4

This is for black women. The numbers are different, and we do not have any significant differences for these indicators, except for women 45 to 64 years old, where women in high-mortality counties report less screening than in the other counties.

### Slide 5

So in summary, among white women we have lower rates of Pap testing in high-mortality than in not-high-mortality counties, especially for the ethnic group Hispanics, as well as by age and education sub-groups. We also have lower rates in all the regions except the Northeast. So, if I was summarizing it in a nutshell, Hispanic women, older women, and women with less than high school education living in high-mortality counties had the lowest screening rates.

### Slide 6

Among black women, we really only found a different for women 40 to 64 years of age. However, we have lower sample sizes, and that gives us less power to detect differences.

### Slide 7

So, our limitations with the BRFSS data, as with the incidence data, is that we get to low numbers in sub-groups, so the sub-group analyses are very limited. And I heard a lot of questions about other group like Asians or Native Americans, and that is really where this data break down because the numbers get too small. Also, women in rural and socioeconomically disadvantaged counties may be less likely to have telephones, so we would be under-counting those groups in the BRFSS data. What are the future approaches We have a comprehensive cancer control initiative at the CDC where states plan cancer control plans. Data like this is very important for those plans. And what we really would need, however, in the future is sub-state-level BRFSS data. And there are some states who are planning on that. There is an initiative as ACS who wants to move this along, because

really to know what's going on in a state and what is going on in counties -- that the state-level data is not that helpful because the numbers are just too small when you only have a certain number of cases for the whole state. But for planning purposes, it would be very important to have. Thank you.